Child Care & Early Education
RESEARCH CONNECTIONS

RESEARCH-TO-POLICY
CONNECTIONS
No. 5

Assessing Initiatives for Family, Friend, and Neighbor Child Care

An Overview of Models and Evaluations

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March 2007

The Research-to-Policy Connections series summarizes current research on key topics in child care and early education and discusses implications for policymakers. This brief highlights current models for supporting and enhancing family, friend, and neighbor care and describes initial efforts to evaluate these initiatives. Drawn from the realms of child care as well as family support and parent education, models discussed include training, distributing materials and equipment, home visiting, and hosting family interaction groups.

For further discussion of quality in family, friend, and neighbor care, see the Research-to-Policy Connections brief, *Measuring Quality in Family, Friend, and Neighbor Child Care: Conceptual and Practical Issues,* by Erin J. Maher.

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Growing Awareness of Family, Friend, and Neighbor Care

Child care provided by family, friend, and neighbor (FFN) caregivers—home-based child care that is legally exempt from regulation—is of growing interest to parents and policymakers for several reasons.[1] Chief among them is that it is the most common type of child care for children under age 5 whose parents work (Maher & Joesch, 2005; Snyder, Dore, & Adelman, 2005). Nearly half of all children spend their days—and sometimes their nights—in these types of settings (Boushey & Wright, 2004); nearly a quarter of children whose care is subsidized by Child Care and Development Funding (CCDF) also use these arrangements (U.S. Child Care Bureau, 2006).[2]

Additionally, in recent years, the question of what kinds of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. It has been propelled, in large part, by two factors: the national focus on children's school achievement and the widespread creation of state-funded prekindergarten programs for 3- and 4-year-old children. One of the consequences of these trends is increasing attention to outcomes for young children, especially their readiness for school. All early childhood programs now face the challenge of demonstrating that they produce positive results.

Growing awareness that so many children are in these unregulated settings and concerns about school readiness have generated increasing interest in efforts to support these caregivers. More than a quarter of the states now fund initiatives specifically aimed at family, friend, and neighbor child care (Porter & Rivera, 2005).[3] Private foundations and federal agencies such as Early Head Start have become engaged as well, providing funding for programs in communities across the country.

What kinds of services do these initiatives offer? How many caregivers participate? Do these efforts have any impact on the caregivers and the children for whom they provide child care? Research can answer these kinds of questions, but information about programs for family, friend, and neighbor caregivers is limited. The field is still in its early stages: many initiatives are less than five years old. There are few published reports about these programs, and they have focused primarily on their implementation rather than their effectiveness (Pausell, Mekos, Del Grosso, Rowand, & Banghart, 2006; Porter & Kearns, 2005a; O'Donnell, Cochran, Lekies, Diehl, Morrissey, Ashley, & Steinke, 2006).

This paper presents an overview of current efforts to document or evaluate initiatives for family, friend, and neighbor child care. The initiatives are grouped into two categories: those that view these caregivers through the child care lens and aim to improve the quality of care that they provide to children; and those that see these caregivers and their care as a natural extension of the family and aim to strengthen it through approaches drawn from parent education or family support. In some cases, the distinction between the models is blurred because the strategies they use are similar. In other cases, initiatives may rely on more than one strategy to achieve their goals irrespective of the model.

The descriptions of each model include information about goals, service delivery strategies, and the information that is commonly collected. Examples of several specific programs are

provided to illustrate the models. Most of the data are based on interviews with program administrators and staff as well as program reports. If there have been formal evaluations, these are described as well.

Models for Supporting Family, Friend, and Neighbor Care

Research about family, friend, and neighbor caregivers has informed the development of the two primary models for supporting them. It underscores the place that these caregivers hold between parents and regulated family child care providers on the child care continuum, and explains, in part, the rationale for the use of these two approaches.

Data indicate that as many as half of family, friend, and neighbor caregivers are relatives of the children for whom they provide child care. Most of them are grandparents (Anderson, Ramsburg, & Scott, 2005; Brandon, Maher, Joesch, & Doyle, 2002; Layzer & Goodson, 2006). Family, friend, and neighbor caregivers often share the characteristics of the families they serve, although there is wide variation (Susman-Stillman, forthcoming). Like the parents who rely on them for care, many are people of color; some do not use English as their first language. Their income is more likely to be low or high than middle, because this type of care is more commonly used by families with these income levels (Kreader & Lawrence, 2006).

On average, family, friend, and neighbor caregivers provide child care for one or two children (Anderson, Ramsburg, & Scott, 2005; Chase, Schauben, & Shadlow, 2005). Many do this work because they want to help out their families (Anderson, Ramsburg, & Scott, 2005; Brandon, Maher, Joesch, & Doyle, 2002; Chase, Schauben, & Shadlow, 2005; Porter, 1998). They do not see themselves as professional child care providers (Porter, 1998).[4] Surveys and focus groups indicate that these caregivers want to learn more about caring for children, how to keep them safe and healthy, and activities to engage them (Anderson, Ramsburg, & Scott, 2005; Brandon, Maher, Joesch, & Doyle, 2002; Chase, Schauben, & Shadlow, 2005; Porter, 1998; Porter & Kearns, 2005b; Todd & Robinson, 2005). They want this information in a variety of ways—through get-togethers, newsletters, and videos. They are also interested in obtaining materials to enhance the care they provide. Books, toys, and art supplies are common requests.

Child Care Models

Training

Within the child care system, the most common approach for improving quality in family, friend, and neighbor child care is training (Porter & Kearns, 2005a). The stated objective is usually enhancement of caregivers' knowledge and skills, although some initiatives aim to encourage caregivers to become regulated. Typically, programs use a workshop format with a trainer who has a background in early childhood education and some experience in child care. A few programs rely on a facilitated support group approach. Duration varies, ranging from five weekly 2-hour sessions to as many as 45 hours. Common topics are health; safety and nutrition; child development; language and literacy; and positive guidance. Sometimes sessions on the requirements of regulation are included as well.

Most of the child care initiatives that use training as a strategy are funded with CCDF dollars and are limited to caregivers in the subsidy system (Porter & Kearns, 2005a). A few, like Alabama's Kids and Kin Project and California's License-Exempt Provider Training, are open to all caregivers irrespective of subsidy status. By contrast, privately-funded efforts like the Association of Supportive Child Care's Kith and Kin Project in Arizona generally aim to recruit any family, friend, and neighbor caregiver who provides child care in the community. Initiatives for subsidized caregivers tend to rely on mailings or phone calls to recruit caregivers on the subsidy list, while those that aim to serve a broader population use presentations at schools and agencies in the community, leafleting and door-to-door visits, and partnerships with other organizations such as Head Start as a way to reach caregivers.

Many of these efforts collect data on the number of participants as well as their satisfaction with the program (Pittard, Zaslow, & Porter, 2006; Porter & Kearns, 2005a). Some gather data on participant characteristics as well. A small number use caregiver self-reports or pre/post surveys to collect information on program impacts. The Arizona Kith and Kin Project, which offers support groups for caregivers, relied on journals maintained by caregivers to obtain information about changes in caregivers' knowledge about caring for children (Welch, 2002). Two other initiatives—New Mexico's Conversations, which also uses support groups as an approach, and Alabama's Kids and Kin Program, which offers training, collected similar information through pre/post tests (Porter, 2006).[5] The evaluation of these programs also included observations of the caregivers with the Child Care Assessment Tool for Relatives (CCAT-R), a new instrument specifically designed to evaluate relative child care (Porter, Rice, Mabon & Sprachman, 2005), to assess the program's effect on caregiver practice.[6]

Distribution of Materials and Equipment

Providing materials and equipment to caregivers is another strategy that states use to improve child care quality in family, friend, and neighbor care (Porter & Kearns, 2005a). Here the explicit objective is to enhance the health and safety of the environment or to provide stimulating materials for children. (Some training and home visiting programs also provide materials to supplement their services.)

Most of these efforts aim to serve caregivers in the subsidy program. Distribution depends on the nature of the materials. Kits with safety items such as fire extinguishers and First Aid kits as well as other materials such as books and manipulatives are usually provided at a location in the community or delivered to the caregivers' homes. If the materials are limited to books and activity sheets, they are often sent through the mail.

Like the initiatives that use training as a strategy, these efforts commonly collect data about the number of participants who receive the materials as well as their satisfaction with them (Porter & Kearns, 2005a). A few programs have also gathered information about effects. Learning to Grow, which provides monthly activity packets for subsidized caregivers in Hawai'i, for example, asks participants to return feedback forms indicating how they used the materials. The incentive for responding is a free book (Fong, 2006).

Home Visiting

A small number of initiatives in the child care system rely on home visiting as a strategy to support family, friend, and neighbor caregivers (Porter & Kearns, 2005a). For the most part, these efforts, like those that use training or distribute materials, are limited to subsidized caregivers.[7] The goals of these programs vary. Some aim to improve child care quality by increasing caregiver knowledge and skills; others aim to improve the quality of home health and safety or children's nutrition. Still others aim to link caregivers to other agency resources such as training and a newsletter. A few have the goal of enhancing the caregivers' support for preparing children for school.

There is some variation in the duration and intensity of these programs. Those that intend to connect caregivers to resources are often limited to one visit, sometimes followed by a phone call. Those that aim to enhance caregiver-child interactions offer these services on a biweekly or monthly schedule, with two-hour visits on average. Some programs supplement the home visits with group meetings that are offered on a monthly or quarterly basis and also provide materials to the caregivers. Staff members generally have some child care experience and formal early childhood education; some have additional training in home visiting. In most cases, the only data that are routinely collected relate to program participation, although there are some exceptions. The Cherokee Nation, which provides monthly home visits to subsidized caregivers in 14 counties in Oklahoma, uses a caregiver survey to assess changes in practice (Hand, 2006).[8] Another initiative, the Early Head Start Enhanced Home Visiting Pilot, has had a formal outside evaluation (Pausell, Mekos, Del Grasso, Rowand, & Banghart, 2006). The primary focus was the implementation of the program in 23 sites: data were collected on participation rates, participant characteristics, and the type and number of services that were offered. In addition, the evaluation included interviews with program staff as well as focus groups with caregivers and parents, which pointed to some program impacts.[9] A sample of 72 caregivers was also observed with the CCAT-R and the Caregiver Interaction Scale (Arnett, 1989) to assess the quality of their care.

Family Support and Parent Education Models

In the past five years, a number of agencies have created programs that draw from family support or parent education to serve family, friend, and neighbor caregivers. Unlike the child care initiatives, these efforts define their target population broadly as caregivers, that is, parents and grandparents as well as others who provide care for children. Most of these efforts aim to enhance children's readiness for school through enhancing caregivers' awareness of children's development and the role that they play in supporting it. Almost all of them are intended for children from birth to age 5; caregivers can continue to participate as long as they prefer. The two most common models are family interaction and home visiting.

Family Interaction

In family interaction or "Play and Learn" models, caregivers and children participate together in activities in a center-like setting offered in different sites in the community—schools, churches, family resource centers or other community agencies, even in some cases, shopping

centers (O'Donnell et al., 2006). The spaces are equipped with a variety of activity centers that are intended to promote cognitive, language, and physical development. Staff facilitators, whose backgrounds range from early childhood to parent education, model interactions with children for the caregivers.

Many programs are loosely structured. In general, two-hour group activities are offered once or twice a week. Some provide additional resources for the caregivers, including book bags or back packs with materials to take home as well as referrals to social and health services.

Most programs collect some data about the characteristics of the participants as well as their participation rates and satisfaction. A few have gathered information about program effects. The outside evaluation of the Seattle Play and Learn Network, a group of nine agencies that offer "Play and Learn" groups, used a caregiver survey to assess whether caregivers had gained new knowledge as a result of their participation (Organizational Research Services, 2006).[10] Tutu and Me, a traveling preschool program in Hawai'i, also surveys caregivers to obtain information about changes in caregiver awareness of how to support children's readiness for school (Omoto & Mossman, 2006).[11] In 2006, it began a formal outside evaluation to examine program impacts on caregiver practice through pre/post observations of 180 participants with the CCAT-R.

Home Visiting

Like the child care home visiting initiatives that focus on improving caregiver knowledge and skills, these models draw from parent education approaches. Through weekly, biweekly, or monthly visits, they aim to enhance caregiver capacity to support children's school readiness.[12] These programs use a variety of curricula, most often Parents as Teachers (Parents as Teachers National Center, 1990).[13] Staff members are trained in the curriculum as well as home visiting skills.

Home visiting as an intervention for family, friend, and neighbor caregivers is also the focus of two formal evaluations of program effectiveness. Caring for Quality in Rochester, New York, is testing Parents as Teachers as an approach (McCabe, 2006). The evaluation consists of a random assignment design with a mixed group of family, friend, and neighbor caregivers and regulated family child care providers. Two-thirds of the participants (both family, friend, and neighbor caregivers and regulated family child care providers) were assigned to the program group, the others to a control group. The study includes a variety of measures, including observations of caregiver practice with the Family Day Care Rating Scale (Harms & Clifford, 1984) and the Caregiver Interaction Scale.[14] The other evaluation is examining the Promoting First Relationships curriculum (Kelly, Zuckerman, Sandoval, & Buehlman, 2003), which was originally designed to support homeless families, with a sample of 20 low-income grandmothers who participate in home visits or group sessions (Maher, 2006). The pre/post design includes surveys, interviews, and observations of caregivers with the Nursing Child Assessment Satellite Training and Interaction Teaching Scale (Barnard, 1994).[15]

Conclusion

Whether their objective is to improve child care quality or to enhance caregivers' understanding of their role as early educators, most of the initiatives for family, friend, and neighbor caregivers aim to enhance children's school readiness. The vast majority are relatively new; most have been developed since 2000. Evidence about their results is limited. Anecdotal data seem to indicate that caregivers respond better to recruitment strategies that are grounded in the community and that have a personal element rather than more formal approaches such as mailings. But there have been no systematic efforts to understand the approaches that work for specific groups of caregivers under specific conditions. There is some indication that these initiatives can have an effect on caregiver knowledge and practice, but the data are largely based on self reports. There is little evidence of whether particular strategies are more effective than others, or, for those initiatives that use multiple strategies, those that work and those that do not. With the exception of several small evaluations, no studies have examined impacts on practice through observations of the caregivers, nor has there been any research on the outcomes of children in these initiatives.

It may be too early to evaluate these efforts, because so many of them are early in their implementation phase. There are also challenges in conducting these evaluations because there is no consensus about the indicators of quality in these settings or the measures that can be used to assess them (Maher, forthcoming). Data are needed to understand how these programs work, their strengths and their weaknesses with specific populations of caregivers, and, equally important, their effectiveness, because family, friend, and neighbor care—whether it is viewed as child care or family support—plays an essential role in the lives of young children.

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Endnotes

1. In every state, family members—parents, grandparents, aunts, and uncles—are license-exempt if they care for their own children or those of relatives (Porter & Kearns, 2005a). There is, however, wide variation across states in the conditions under which individuals can legally provide child care for children who are not related to them. They apply to the number of children in care at a single time, the number of families who rely on the caregiver for child care, or the amount of time children are in care.

2. State requirements for family, friend, and neighbors who receive public reimbursement for providing child care vary, although states must comply with several federal CCDF regulations (Porter & Kearns, 2005a). State requirements can include self-certification, criminal history, or child abuse and neglect background checks, fingerprinting for caregivers as well as members of their households, mandatory home visits, orientations, or training.

3. Another study found that 19% of 339 state initiatives funded with at least $1,000 in CCDF-dollars had family, friend, and neighbors as a target population (Pittard, Zaslow, & Porter, 2006).

4. Some research indicates that a small proportion of caregivers, primarily friends and neighbors, are interested in starting their own child care businesses (Todd & Robinson, 2005; O'Donnell et al., 2006)

5. Caregivers in New Mexico showed increased knowledge of learning environments as well as reading, writing, and literacy, while those in Alabama demonstrated increased knowledge of language development and behavior management (Porter, 2006).

6. In New Mexico, caregivers improved on all four CCAT-R factors of nurturing, engagement with the child, and bidirectional and unidirectrional communication, while those in Alabama showed improvement on nurturing and caregiver engagement (Porter, 2006).

7. Examples include Missouri's Project Rural Early Childhood (REACH); Action for Children's Kith and Kin Program; the Cherokee Nation's Home Visiting Program; the Early Head Start Enhanced Home Visiting Pilot; and the Child and Adult Care Food Program.

8. More than half of the participants reported that they read to the children each day, and 90% had obtained CPR training (Hand, 2006).

9. Caregivers reported that they had more information about child development and that they felt less isolated (Pausell, Mekos, Del Grosso, Rowand, & Banghart, 2006).

10. The Seattle evaluation found that at least half of the 582 participants reported an increased understanding of how children learn through play and how to help children "get along" with other children (Organizational Research Services, 2006).

11. Most of the 125 respondents reported that they learned new information about how to support children's school readiness and activities to do at home. In addition, 90% of those who responded indicated that their children had gained new skills, learned how to follow rules, and how to sit in a group (Omoto & Mossman, 2006).

12. One home visiting program also aims to increase caregivers' social support.

13. The Parents as Teachers program was developed in the 1980s to support parents; in 2002, it created a curriculum for family, friend, and neighbor caregivers, Supporting Care Providers through Personal Visits (Parents as Teachers National Center, 2002).

14. Preliminary results with the sample of 60 caregivers show that there were no significant differences in quality between the program group, who participated in home visits twice a month as well as monthly network meetings, and the control group, who only received one home visit and a packet of health and safety information (McCabe, 2006).

15. Preliminary results showed few differences in effects between the group sessions and the home visits: caregivers showed increased awareness of children's needs and better communication with parents (Maher, 2006).

This report was made possible by grant number 90YE0063 from the Office of Planning, Research, and Evaluation and the Child Care Bureau, Administration for Children and Families in the U.S. Department of Health and Human Services. The contents are solely the responsibility of the authors and do not represent the official views of the funding agency, nor does publication in any way constitute an endorsement by the funding agency.